

PTO/SB/06 (08-00)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) NUMBER EXTRA FOR NUMBER FILED RATE FEE FEE RATE BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR **TOTAL** OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY** SMALL ENTITY (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL TIONAL **RATE AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **TOTAL** TOTAL ADDIT, FEE ADDIT. FEE (Column 3) (Column 2) (Column I) ADDI-ADDI-**CLAIMS HIGHEST** REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE **TIONAL RATE AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = = Minus (37 CFR 1.16(c)) OR *** Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

657622

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		RATE	FEE] [RATE	FEE	
BASIC FEE				* * *					345.00	OR		690.00	
TOTAL CLAIMS 19			minus 2	20= *] ;	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 4 minus 3 =					3 = * 1			X39=	-	OR	X78=	78. [∞]	
MULTIPLE DEPENDENT CLAIM PRESENT								-130=			+260=	10.	
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR		768.W	
CLAIMS AS AMENDED - PART II										OR	TOTAL		
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY			ll ll		
AMENDMENT A		REM.	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NDN	Total	* 0		Minus	20	= /	>	(\$ 9=		OR	X\$18=	180	
AME	Independent	*	5	Minus	*** 4	=		X39=		OR	X78=	H	
	FINOI FRESE	NIAIIC	IN OF IVI	JUIPLE DEP	PENDENT ĆLAIM	•	+	130=		OR	+260=	t-/	
						•	. L	TOTAL			TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											ADDII. FEEI		
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDI	Total	*		Minus	**	=	,	(\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***	=	;	K 39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE		Jorr	ADDIT. FEE	<u></u>	
AMENDMENT C		CL REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDE	Total	* .		Minus	**	=	×	(\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	**	=		(39=		OR	X78=		
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												